



GENERAL PATIENT CARE GUIDELINES

I. PURPOSE

To establish guidelines for the minimum standard of care and transport of patients.

II. DEFINITIONS

Patient: An individual with a complaint of pain, discomfort or physical ailment. An individual regardless of complaint, with signs and/or symptoms of pain, discomfort, physical ailment or trauma. These signs or symptoms include, but are not limited to:

- Altered level of consciousness.
- Skeletal or soft tissue injuries.
- Acute or chronic injury or disease process.
- Altered ability to perceive illness or injury due to the influence of drug, alcohol or other mental impairment.
- Evidence that the individual was subject to force that may cause injury.
- Other condition that warrants evaluation and care at an acute care hospital.

Patient Contact: Determined to occur when any on duty BLS, LALS, or ALS field personnel (EMT, AEMT, EMT-P, RN) comes into the presence of a patient as defined above.

III. BLS INTERVENTIONS

- Obtain a thorough assessment of the following:
 - Airway, breathing and circulatory status.
 - Subjective assessment of the patient's physical condition and environment.
 - Objective assessment of the patient's physical condition and environment.
 - Vital signs (blood pressure, pulse, respiration, GCS, skin signs, etc.).

- Prior medical history and current medications.
- Any known medication allergies or adverse reactions to medications, food or environmental agents.
- Initiate care using the following tools as clinically indicated or available:
 - Axial spinal immobilization.
 - Airway control with appropriate BLS airway adjunct.
 - Oxygen as clinically indicated.
 - Assist the patient into a physical position that achieves the best medical benefit and maximum comfort.
 - Automated External Defibrillator (AED).
 - Administer Naloxone by intranasal and/or intramuscular routes.
 - Blood glucose monitoring.
 - Consider the benefits of early transport and/or intercept with ALS personnel if clinically indicated.
- Assemble necessary equipment for ALS procedures or treatment under direction of EMT-P.
 - Cardiac monitoring.
 - IV/IO.
 - Endotracheal intubation.
- Under EMT-P supervision, assemble pre-load medications as directed (excluding controlled substances).

IV. LIMITED ALS (LALS) INTERVENTIONS

- Evaluation and continuation of all initiated BLS care.
- Augment BLS assessment with an advanced assessment including, but not limited to the following:
 - Qualitative lung assessment.

- Blood glucose monitoring.
- Augment BLS treatment measures with LALS treatments as indicated by LALS protocols.
- Initiate airway control as needed with the appropriate LALS adjunct.
- Initiate vascular access as clinically indicated.

V. ALS INTERVENTIONS

- Evaluation and continuation of all initiated BLS and/or LALS care when indicated by patient's condition.
- Augment BLS and/or LALS assessment with clinically indicated advanced assessments including but not limited to the following:
 - Cardiac monitor and/or 12-lead ECG.
 - Capnography.
 - Blood glucose monitoring.
- Augment BLS and/or LALS treatment with advanced treatments as clinically indicated.
 - Initiate airway control using an appropriate airway adjunct to achieve adequate oxygenation and ventilation.
 - Initiate airway control only when clinically indicated for the appropriate administration of medications and/or fluids.
- Review and evaluate treatments initiated by BLS, LALS, or ALS personnel.
 - Consider discontinuing treatments not warranted by patient's clinical condition. Intermittent monitoring may be used instead of continuous monitoring when clinically indicated.